| DATE: 12/20/01 | FROM: T. DAM | (print name) |
|---|--|---|
| · . | REASON(S): | |
| FORWARD TO: | A. You had Parent | (check box) |
| A. Art Unit: 2131 | B. See Title | (check box) |
| B. Class: 713 | C. See Abstract | (check box) |
| C Subclass: 201 | D. See Claim(s): | |
| FURTHER EXPLANATION IF NE | EDED: | |
| copy protection | in a comp. netw | rook envir. claimed. |
| DATE: | FROM: | (print name) |
| | REASON(S): | |
| FORWARD TO: | A. You had Parent | (check box) |
| A. Art Unit: | B. See Title | (check box) |
| B. Class: | C. See Abstract | (check box) |
| - | | |
| | D. See Claim(s): | Fight Line and Line (Communication) |
| FURTHER EXPLANATION IF NE | | (print name) |
| FURTHER EXPLANATION IF NE | FROM: | (print name) |
| FURTHER EXPLANATION IF NE | EDED: | (check box) |
| FURTHER EXPLANATION IF NE | FROM: REASON(S): | (check box) (check box) (check box) (check box) |
| FURTHER EXPLANATION IF NE | FROM: REASON(S): A. You had Parent | (check box) FORWARD TO GLASSIFIER |
| FURTHER EXPLANATION IF NE | FROM: REASON(S): A. You had Parent B. See Title | (check box) (check box) (check box) |
| FURTHER EXPLANATION IF NE | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | (check box) FORWARD TO CLASSIFIER (check box) (check box) |
| FURTHER EXPLANATION IF NE | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | (check box) (check box) (check box) |
| FURTHER EXPLANATION IF NE | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | (check box) (check box) (check box) |
| FURTHER EXPLANATION IF NE | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED: | (check box) FÜRWARD TO CLASSIFIER (check box) (check box) |
| FURTHER EXPLANATION IF NE | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED: | (check box) FÜRWARD TO CLASSIFIER (check box) (check box) |
| FURTHER EXPLANATION IF NE | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED: ASSIFICATION CLASSIFIER: | (check box) (check box) (check box) |
| FURTHER EXPLANATION IF NE TORWARD TO CLASSIFIER FURTHER EXPLANATION IF NE DISPOSITION BY 2700 CL. DATE: | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED: ASSIFICATION CLASSIFIER: REASON(S): | (check box) (check box) FURTHER EXPLANATION IF |
| FURTHER EXPLANATION IF NE FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NE DISPOSITION BY 2700 CL DATE: FORWARD TO: | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED: ASSIFICATION CLASSIFIER: REASON(S): A. You had Parent | (check box) (check box) (check box) |
| DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NE DISPOSITION BY 2700 CL. DATE: | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED: ASSIFICATION CLASSIFIER: REASON(S): | (check box) (check box) (check box) (check box) |

FURTHER EXPLANATION IF NEEDED: